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## BIB DATA SHEET

CONFIRMATION NO. 3529

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10/595,611	06/15/2006 RULE	705	3686	P07558US00

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/AU04/01499 10/29/2004

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

AUSTRALIA 2003905954 10/29/2003

## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\*

12/16/2006

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<i>(RAJIV J RAJ/</i> Examiner's Signature		<i>Tirtha</i>		AUSTRALIA	10	68	4

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## TITLE

System and process for facilitating the provision of health care

FILING FEE RECEIVED 2191	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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